

LADYSMITH NURSING HOME

1001 EAST 11TH STREET NORTH

LADYSMITH 54848 Phone:(715) 532-5546

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/02): 62

Total Licensed Bed Capacity (12/31/02): 62

Number of Residents on 12/31/02: 55

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified?

Title 19 (Medicaid) Certified?

Average Daily Census:

Corporation

Skilled

No

Yes

Yes

55

Services Provided to Non-Residents			Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%		Less Than 1 Year		23.6
Supp. Home Care-Personal Care	No	-----	-----	-----	-----		1 - 4 Years		60.0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	5.5		More Than 4 Years		16.4
Day Services	No	Mental Illness (Org./Psy)	36.4	65 - 74	5.5		-----		-----
Respite Care	No	Mental Illness (Other)	5.5	75 - 84	25.5				100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	49.1		*****		*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	14.5		Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		-----		Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	1.8		100.0		(12/31/02)		
Other Meals	No	Cardiovascular	10.9	65 & Over	94.5		-----		-----
Transportation	No	Cerebrovascular	14.5		-----		RNs		11.4
Referral Service	No	Diabetes	0.0	Sex	%		LPNs		5.5
Other Services	No	Respiratory	5.5	-----	-----		Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	25.5	Male	30.9		Aides, & Orderlies		28.7
Mentally Ill	No		-----	Female	69.1				
Provide Day Programming for			100.0		-----				
Developmentally Disabled	No				100.0				

## Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care					
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	1	2.5	122	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.8
Skilled Care	0	0.0	0	37	92.5	106	0	0.0	0	14	93.3	133	0	0.0	0	0	0.0	0	51	92.7
Intermediate	---	---	---	2	5.0	90	0	0.0	0	1	6.7	125	0	0.0	0	0	0.0	0	3	5.5
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		40	100.0		0	0.0		15	100.0		0	0.0		0	0.0		55	100.0

*****									
Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02							
		-----							
Percent Admissions from:		Activities of		% Needing		% Totally		Total	
				Assistance of		Dependent		Number of	
				One Or Two Staff				Residents	
Private Home/No Home Health	11.8	Daily Living (ADL)	Independent						
Private Home/With Home Health	9.8	Bathing	0.0	40.0	60.0			55	
Other Nursing Homes	5.9	Dressing	18.2	61.8	20.0			55	
Acute Care Hospitals	70.6	Transferring	34.5	40.0	25.5			55	
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	30.9	43.6	25.5			55	
Rehabilitation Hospitals	0.0	Eating	69.1	27.3	3.6			55	
Other Locations	2.0	*****							
Total Number of Admissions	51	Continence		%	Special Treatments			%	
Percent Discharges To:		Indwelling Or External Catheter		7.3	Receiving Respiratory Care			7.3	
Private Home/No Home Health	17.3	Occ/Freq. Incontinent of Bladder		52.7	Receiving Tracheostomy Care			0.0	
Private Home/With Home Health	21.2	Occ/Freq. Incontinent of Bowel		38.2	Receiving Suctioning			0.0	
Other Nursing Homes	3.8				Receiving Ostomy Care			0.0	
Acute Care Hospitals	1.9	Mobility			Receiving Tube Feeding			0.0	
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained		0.0	Receiving Mechanically Altered Diets			27.3	
Rehabilitation Hospitals	0.0								
Other Locations	3.8	Skin Care			Other Resident Characteristics				
Deaths	51.9	With Pressure Sores		1.8	Have Advance Directives			0.0	
Total Number of Discharges		With Rashes		0.0	Medications				
(Including Deaths)	52				Receiving Psychoactive Drugs			63.6	
*****									
Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities									
*****									
	This	Ownership:		Bed Size:		Licensure:		All	
	Facility	Proprietary		50-99		Skilled		Facilities	
	%	Peer Group		Peer Group		Peer Group		% Ratio	
		%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	88.7	80.0	1.11	83.5	1.06	83.3	1.07	85.1	1.04
Current Residents from In-County	83.6	73.3	1.14	72.9	1.15	75.8	1.10	76.6	1.09
Admissions from In-County, Still Residing	17.6	19.2	0.92	22.2	0.80	22.0	0.80	20.3	0.87
Admissions/Average Daily Census	92.7	136.0	0.68	110.2	0.84	118.1	0.79	133.4	0.70
Discharges/Average Daily Census	94.5	138.5	0.68	112.5	0.84	120.6	0.78	135.3	0.70
Discharges To Private Residence/Average Daily Census	36.4	59.1	0.61	44.5	0.82	49.9	0.73	56.6	0.64
Residents Receiving Skilled Care	94.5	93.4	1.01	93.5	1.01	93.5	1.01	86.3	1.10
Residents Aged 65 and Older	94.5	95.9	0.99	93.5	1.01	93.8	1.01	87.7	1.08
Title 19 (Medicaid) Funded Residents	72.7	73.2	0.99	67.1	1.08	70.5	1.03	67.5	1.08
Private Pay Funded Residents	27.3	16.8	1.62	21.5	1.27	19.3	1.41	21.0	1.30
Developmentally Disabled Residents	0.0	0.9	0.00	0.7	0.00	0.7	0.00	7.1	0.00
Mentally Ill Residents	41.8	33.7	1.24	39.0	1.07	37.7	1.11	33.3	1.25
General Medical Service Residents	25.5	19.3	1.32	17.6	1.44	18.1	1.41	20.5	1.24
Impaired ADL (Mean)	48.4	46.1	1.05	46.9	1.03	47.5	1.02	49.3	0.98
Psychological Problems	63.6	51.2	1.24	54.6	1.17	52.9	1.20	54.0	1.18
Nursing Care Required (Mean)	4.5	7.2	0.63	6.8	0.67	6.8	0.67	7.2	0.63